

**State of New Jersey**  
**Department of Banking & Insurance**  
**Insurance Licensing Unit**  
**PO Box 327**  
**Trenton, NJ 08625**

**Application for Initial Resident or Nonresident  
Individual Insurance Producer License**

(Please Print or Type)

Soc. Security Number		If assigned, National Producer Number (NP#)			
If applicable, NASD Individual Central Registration Depository (CRD) Number			Are you affiliated with a financial institution/bank? Yes                      No		
Last Name                      JR./SR. etc		First Name		Middle Name	Date of Birth (month) ____ (day) ____ (year) ____
Residence/Home Address (Physical Street)		P.O. Box	City		State              Zip or Foreign Country
Home Phone Number (     )     -	Gender (Circle One) Male    Female	Are you a Citizen of the United States? (Check One) Yes    No              (If No, of which country are you a citizen?)			
Employer's Name					
Business Address (Physical Street)		P.O. Box	City		State              Zip or Foreign Country
Business Phone Number (     )     -	Business Fax Number (     )     -	Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City		State              Zip or Foreign Country
List any name under which you are doing business.					
<b>Employment History</b>					
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
		From Month    Year		To Month    Year	
Name				Position Held	
City                      State					
Name					
City                      State					
Name					
City                      State					
Name					
City                      State					

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**Lines of Authority: Select Lines of Authority and Attach or Complete Required Documentation**

Line of authority	Required Documentation
<div>_____ Life</div> <div>_____ Accident, Health or Sickness</div>	<div>_____ Attach Exam score report with school certificate verifying completion of approved NJ pre-licensing education.</div> <div>School Name: _____ School Code: _____ Date Completed: _____</div> <div>OR:</div> <div>_____ Waiver of Education letter from the Department and Exam Score Report</div> <div>OR:</div> <div>_____ Attach letter from the American College verifying CLU or ChFC designation.</div> <div>OR:</div> <div>_____ Nonresident with lines of authority in home state</div> <div>_____ Resident applicants must provide PCN number provided after completion of Live Scan – Electronic Fingerprinting.</div>
_____ Variable	<div>_____ Provide NASD Individual Central Registration Depository (CRD) Number.</div> <div><b>Note:</b> Applicants requesting variable must also have life authority.</div>
_____ Surplus Lines	<div>_____ Attach Exam score report</div> <div><b>Note:</b> Must also have property and casualty authority</div> <div>OR:</div> <div>_____ Nonresident with lines of authority in home state</div> <div>_____ Resident applicants must provide PCN number provided after completion of Live Scan – Electronic Fingerprinting</div>
<div>_____ Property</div> <div>_____ Casualty</div> <div>_____ Personal Lines</div>	<div>_____ Attach Exam score report with school certificate verifying completion of approved NJ pre-licensing education.</div> <div>School Name: _____ School Code: _____ Date Completed: _____</div> <div>OR:</div> <div>_____ Waiver of Education letter from the Department and Exam Score Report</div> <div>OR:</div> <div>_____ Attach letter from the American College verifying CPCU designation</div> <div>OR:</div> <div>_____ Nonresident with lines of authority in home state</div> <div>_____ Resident applicants must provide PCN number provided after completion of Live Scan – Electronic Fingerprint</div>

<p>____ Title</p>	<p>____ Attach Exam score report with school certificate verifying completion of approved NJ pre-licensing education.</p> <p>School Name: _____  School Code: _____  Date Completed: _____</p> <p>OR:</p> <p>____ Waiver of Education letter from the Department and Exam Score Report</p> <p>OR:</p> <p>____ Nonresident with lines of authority in home state</p> <p>____ Resident applicants must provide PCN number provided after completion of Live Scan – Electronic Fingerprinting</p>
<p>____ Limited Line Bail Bond</p>	<p>Attach Exam score report with school certificate verifying completion of approved NJ pre-licensing education.</p> <p>School Name: _____  School Code: _____  Date Completed: _____</p> <p>OR:</p> <p>____ Nonresident with lines of authority in home state</p> <p>____ Resident applicants must provide PCN number provided after completion of Live Scan – Electronic Fingerprinting</p>
<p>Other Limited Lines</p> <p>____ Credit</p> <p>____ Legal</p> <p>____ Ticket (includes car rental)</p> <p>____ Group Mortgage Cancellation</p> <p>____ Self Storage Personal Property</p>	<p>No additional requirements for resident</p> <p>OR:</p> <p>____ Nonresident with lines of authority in home state</p>

Resident Applicants Only: The Department is required to complete a criminal history background investigation for each applicant requesting a major line of authority or bail bond line of authority. Through participation in Live Scan-Electronic Fingerprinting the Department conducts a New Jersey State Police and FBI criminal record check. Information concerning Live Scan – Electronic Fingerprinting may be found on our website at [www.njdobi.org](http://www.njdobi.org) .

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**Background Information**

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and certified copies of all relevant documents.

7. Do you have a child support obligation in arrears by six months or more? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrears? \_\_\_\_\_ Months Yes \_\_\_ No \_\_\_

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

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**Applicants Certification and Attestation**

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Fees**

Attach one check made payable to "STATE TREASURER OF NEW JERSEY" for the following amounts:

Resident applicants for major lines and bail bonds must schedule fingerprinting through Live Scan and pay the fingerprinting fee directly to the vendor.

**Resident Applicants**

For major lines of authority (not listed as limited line) \$320.00

For Bail Bond Limited Line \$170.00

For all other Limited Line authority \$170.00

**Non-resident Applicants**

For major lines of authority (not listed as limited line) \$320.00

For Bail Bond Limited Line \$170.00

For all other Limited Line authority \$170.00

If your home state does not participate in the NAIC Producer Database (PDB) or your license status can not be verified through the PDB you must attach a letter of certification